***Are You Eligible For Winter***

***Heating Assistance?***

**CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP)**

Contact: **Tolland Human Services @ 860-871-3648**

Application Dates: **September 1, 2021** **thru May 31, 2022**

Appointments**: By phone or in-person (no walk-ins)  
Call 860-871-3648 to schedule an appointment   
Apply early for maximum benefits!!**

**Energy Assistance - Winter Heating Assistance**

**Program Dates (subject to change per State Regulations)**

11/01/21 First day for fuel authorization or deliveries.

5/02/22 Deadline for fuel authorizations for deliveries

5/31/22 Last day that a household can apply to establish its eligibility for benefits

6/15/22 Last day to submit deliverable fuel bills

**Eligibility for Energy Assistance** based on the **annual household gross income** and **household** **size**. Other criteria may apply\* Renters\*\* and Homeowners may apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Maximum Household Income: 2021/2022 Program Guidelines** | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| $39,027 | $51,035 | $63,044 | $75,052 | $87,060 | $99,069 | $101,320 |

*Add $2,252 for each household member greater than 7*

* Any household that is responsible for the heating costs with an individual who receives Cash Assistance (TFA, State Supplement, Refugee Cash), or Supplemental Security Income will be automatically eligible for the Level 1 (maximum) CEAP Benefit.
* Any household that is responsible for heating costs and has a household member that receives a SNAP benefit will be automatically eligible for the Level 2 CEAP Benefit.

\*\* Renters whose heating costs are included in their rent may also apply.

On behalf of eligible households, the winter heating assistance pays for such heating sources as oil, natural gas, electricity, propane, kerosene, coal and wood. Homeowners and renters may apply. Households eligible for the winter heating program may also be eligible to receive weatherization assistance. This can help conserve energy and lower heating bills.

The Connecticut Energy Assistance Program and the Contingency Heating Assistance Program are administered by the Department of Social Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. On the reverse side is a list of documents that may be required. Due to COVID we are offering both in-person and phone appointments.

Contact Human Services, 860-871-3648 for more information

*Apply Early for Maximum Benefits!*

**DOCUMENT LISTING**

**CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP)**

You must provide the following information/documentation, as applicable to your household.

### Required Family Member Information/Documentation:

- Social Security Number(s) - Date(s) of Birth

### Required Income Information/Documentation:

* Proof of all household income from the **four (4) weeks prior** to your appointment
* Paystubs with name and/or SSN **or** Statement on company letterhead from your employer stating your gross wages & date paid for the last four (4) weeks, signed by employer or payroll department
* If self-employed submit most recent Federal tax return; income from previous six (6) months; itemized business expenses for previous six (6) months
* Unemployment benefit history
* Social Security, SSI, SSDl, Cash Assistance, Food Stamps, Rental Income (Monthly)
* Annuities, Pensions, VA Benefits- verification of gross benefit amount
* Bank Interest (CD, IRA)
* Child Support, Alimony (Court Documents, Direct Deposit from Child Support Enforcement or other verification)

(Most recent bank statement may be provided as proof of Social Security income)

### Required Housing Information/Documentation:

* For Renters – Rent Receipt or Lease (with Landlord name, address & phone number)
* Renter’s Insurance payment (if applicable)
* For Home Owners – Mortgage Statement

- Tax Bill & Homeowner’s Insurance payment (if not included in your mortgage)

* Most recent Eversource bill (unless include in rent)

**Your application will be processed by:**

Preferred Appointment type (check one): \_\_\_ Virtual (phone/email/mail/drop-off as required)

\_\_\_ Office visit (call staff member listed above to discuss)

For your reference if Phone or Office Appt. is scheduled:

Staff Member: Phone:

Date: Time:

Town of Tolland Human Services 21 Tolland Green Tolland, CT 06084

860-871-3648 [www.tolland.org](http://www.tolland.org/)